

Sentry Insurance Associate Dependent Scholarship

Description

The Sentry Insurance Foundation will award four \$2500 scholarships annually to students who are dependents of Sentry associates and are planning to attend UWSP. This award is contingent upon enrollment at UWSP for the fall semester following high school graduation.

Eligibility Requirements

- Must be a dependent of a Sentry associate (full or part time).
- Must be accepted to UWSP.
- Must have achieved one of the following:
 - o Graduated in the top 50% of her/his class.
 - Earned a minimum 3.0 GPA (cumulative), or scored at least a 23 composite on the ACT.
- Demonstrated involvement in extra-curricular activities, community activities, charitable organizations, or other endeavors that indicate leadership potential.

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Application Guidelines

- UWSP is responsible for the application process.
- Applications are due to the uwsp.scholarship@uwsp.edu email by 12pm on March 1st every year.
- Financial need and academic achievement will be considered on an informal bases, especially in tie-breaking situations.
- Sentry Insurance Foundation, Inc. retains the right to make any changes in future scholarship criteria.

Selection Process

- Selection will follow the process put in place by UWSP and the university selection committee.
- The Sentry Insurance Foundation, Inc. and Sentry Insurance have no involvement in the UWSP selection committee.

Scholarship Renewal

Scholarship recipients will qualify for automatic renewal if they maintain a 3.0 GPA, carry a minimum of 12 credits per semester and demonstrate continued extracurricular community and/or campus involvement.
Scholarships can be renewed for three continuous years at UWSP. Questions about renewal should be directed to uwsp.scholarship@uwsp.edu.

All questions regarding the Sentry Insurance Associate Dependent Scholarship or application should be directed to uwsp.scholarship@uwsp.edu.

Consent to Release Information

By submitting your application, you grant permission to share your application, essays, eligibility and other relevant information with the scholarship review committee for the purpose of evaluation and selection of scholarship recipients. You also grant permission for Sentry Insurance to receive the following information: your name, major, hometown and UWSP email address.



UWSP Student Scholarship Application

| Name: | Cell: |
|---|---|
| UWSP ID: | |
| Intended Major/Course of Study: | |
| Relationship to Sentry associate: | |
| Associate's Name: | Business Email: |
| Academic Honors | |
| | nal Honors Society, national merit recognition, foreign exchange, etc.) and nal sheet if necessary |
| | |
| • | either in or out of school. Include specific events or major accomplishments, earned, etc., as well as years involved in each. Attach additional sheet if necessary |
| | |
| <u>Work Experience</u> Describe any jobs held since 9 th grad | de. Attach additional sheet if necessary |
| Job Title or Description: | |
| Employer: | |
| Dates of Employment | hours per week (avg) |
| Job Title or Description: | |
| Employer: | |
| Dates of Employment | hours per week (avg) |
| Job Title or Description: | |
| Employer: | |
| Dates of Employment | hours per week (avg) |

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